

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035296

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 5157 Registrar's No. 284

FILED OCT 8 1963

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Auxvasse Twp.		c. CITY OR TOWN Portland	
Length of stay in 1b 5 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi way 94, Portland		d. STREET ADDRESS (If outside, give location) none	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Chester Clifford Coleman		4. DATE OF DEATH Month Day Year Sept. 29, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-24-48
9. AGE (last birthday) 14		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY Student	
11. BIRTHPLACE (City and state or country) Jackson Mich.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Chester Coleman		13b. MOTHER'S MAIDEN NAME Betty Sullens		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Roger Tate, Portland, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lacerations, Probably internal injuries		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - DUE TO (c) -			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car ran off road at high speed up an embankment returning to road where it stopped. He probably was thrown against front dash	
20c. TIME OF INJURY Hour Month, Day, Year Ap. 3:30 a.m. 9/29/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Hiway 94 West of		20f. CITY, TOWN, OR LOCATION Portland	
COUNTY Callaway		STATE Mo	

21. I attended the deceased, from _____, to _____, and last saw her alive on _____.
Death occurred at Approx 3:30 A.M. _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title) Denzil C. Browning, coroner		22b. ADDRESS Fulton, Mo.		22c. DATE SIGNED B-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-1-63		23c. NAME OF CEMETERY OR CREMATORY Portland Cemetery	
23d. LOCATION (City, town, or county) Portland, Mo.		23e. DATE RECD. BY LOCAL REG. Sept. 30-1963		23f. REGISTRAR'S SIGNATURE Martha Lawrence	

24. FUNERAL DIRECTOR
Maupin Funeral Home, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

8961 11 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P.O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.